USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

#### U.S. Department of Justice United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Corazon S. Pascual						1	COURT CASE NUMBER C-08-2906-SBA			
DEFENDANT  Michael J. Astrue, Commissioner of Social Security Administration						TYPE OF PROCESS  ***see below				
Michael J. Astrue, Commissioner of Social Security Administration  NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR D										
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				ocial Security y, State and ZIP C	Administration Code)					
41.				MD 21235-0						
SEND NOTICE OF SER						1		Γ		
						Number of process to be served with this Form 285				
Corazon S. Pascual P.O. Box 471454							Number of parties to be served in this case			
San Francisco, CA 94147						Check for service on U.S.A.				
SPECIAL INSTRUCTI All Telephone Numbers					IN EXPEDITING SE	***sum	nclude Business and A mons & complair ket #s 2,3 & 6		Addresses, Fold	
ignature of Amorney of	heroriginator	requesting ser	vice on behalf	fof:	PLAINTIFF	TELEPHO	NE NUMBER	DATE		
( Star ()	Murce	_		-	DEFENDANT	510-63	7-3530	7/8/0	)8	
<u> </u>	Mrec OW FOR				DEFENDANT					
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PRINT 5 COPIES:

- 1. CLERK OF THE COURT
- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

  5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

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# U.S. Department of Justice

United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

Michael J. Astrue, Commissioner of Social Security Administration  ****see below  ***see below  ***S	PLAINTIFF Corazon S. Pascual						COURT CASE NUMBER C-08-2906-SBA			
SERVE AT   NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDE  SERVE AT   SERVE ADDRESS (Sized on RFD. Apartment No. City. State and ZIP Code)  450 Golden Gate Ave., P.O. Box 36055, San Francisco, CA 94102  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Corazon S. Pascual  P.O. Box 471454  San Francisco, CA 94147  Check for service on U.S.A.  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):  ***Summons & complaint docket #\$ 2,3 & 6   Signature of Association of the total number of process indicated, Cign only for USM 285 if more than one USM 285 is submitted.  Total Process indicated, Cign only for USM 285 if more than one USM 285 is submitted.  Thereby certify and return that I am unable to locate the individual, company, corporation, etc., at the address inserted be of abode.  Time  Time  Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal or Deputy  Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal or Deputy  Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal or Deputy	DEFENDANT									
SERVE AT Solden Gate Ave., P.O. Box 36055, San Francisco, CA 94102  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Corazon S. Pascual P.O. Box 471454 San Francisco, CA 94147  Check for service on U.S. A San Francisco, CA 94147  Sepecial Instructions or other influence on behalf of:  Signature of process and Estimated Times Available for Service):  Signature of Promey principal requesting service on behalf of:  Signature of Promey principal requesting service on behalf of:  Signature of Process in this case  Total Process Interest on the state of Process indicated (Sign only for USH 285 in more)  No.  No.  No.  No.  No.  Serve Signature of Authorized USMS Deputy or Clerk Date none USH 255 is submitted.  Thereby certify and return that   Dave personally served, have legal evidence of service, have executed as shown in "Remarks", the process describ on the individual, company, comparation, etc. shown at the address inserted be individual, company, comparation, etc. shown at the address inserted be individual, company, comparation, etc. shown at the address inserted be individual, company, comparation, etc. shown at the address inserted be individual, company, comparation, etc. shown at the address inserted be individual, company, comparation, etc. shown at the address inserted be individual, company, comparation, etc. shown at the address inserted be individual, company, comparation, etc. shown at the address inserted be individual, company, comparation, etc. shown at the address inserted be individual, company, comparation, etc. shown at the address inserted be individual, company, comparation, etc. shown at the address inserted be individual, company, comparation, etc. shown at the address inserted be individual, company, comparation, etc. shown at th	Michael J. A									
ADDRESS (Street or RFD. Apartment No., City. State and ZIP Code) 450 Golden Gate Ave, P.O. Box 36055, San Francisco, CA 94102  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Corazon S. Pascual P.O. Box 471454  San Francisco, CA 94147  Check for service on U.S. A.  Check for service on U.S. A.  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternate Addresses.  All Telephone Numbers, and Estimated Times Available for Service):  Signature of Justiness and Atternate Addresses.  All Telephone Numbers, and Estimated Times Available for Service):  Signature of Justiness and Atternate Addresses.  All Telephone Numbers, and Estimated Times Available for Service):  Signature of Justiness and Atternate Addresses.  All Telephone Numbers, and Estimated Times Available for Service):  Signature of Justiness and Atternate Addresses.  All Telephone Numbers and Estimated Times Available for Service):  Signature of Justiness and Atternate Addresses.  All Telephone Numbers and Estimated Times Available for Service):  Signature of Justiness and Atternate Addresses.  Signature of Justiness and Atternate Addresses.  Telephone Numbers and Atternate Addresses and Atternate Addresses.  Telephone Numbers and Atternate Addresses and Atternate Addresses.  Signature of Justinesses and Atternate Addresses and Atternate Addresses.  Telephone Numbers and Atternate Addresses and Atternate Addresses.  Telephone Numbers and Atternate Addresses and Atternate Addresses.  Telephone Numbers and Atternate Addresses and Atternate Addresses.  Telephone Number of process to be served in this case.  Telephone Numbers and Atternate Addresses and Att	NAME OF	FINDIVIDUAL	L, COMPANY, CO	RPORATION, ET	C. TO SERVE OR DE	SCRIPTIC	ON OF PROPERTY TO	SEIZE (	OR CONDEMN	
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Served with this Form 285   4	450 Gold	den Gate Av	e., P.O. Box 360	055, San Franc	isco, CA 94102					
P.O. Box 471454 San Francisco, CA 94147  Check for service on U.S.A.  SERVICE (Include Business and Alternate Addresses. All Telephone Numbers, and Estimated Times Available for Service):  Signature of Planness and Alternate Addresses.  All Telephone Numbers  Telephone Number  Total Process District of Origin Serve Origin  Serve Origin  Signature of Authorized USMS Deputy or Clerk  Date  Check for service on U.S.A.  Signature of Alternate Addresses.  DATE  Telephone Number  Total Process District of Origin Serve No.	SEND NOTICE OF SERVIC	E COPY TO RI	EQUESTER AT NA	AME AND ADDR	ESS BELOW			4		
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****summons & complaint docket #s 2,3 & 6  Signature of Itomey other friginator requesting service on behalf of:    DATE		San Francisco, CA 94147								
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE BELOW THIS LINE  I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)  Thereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process describ on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted be have and title of individual served (if not shown above)  Address (complete only different than shown above)  Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshall* or	All Telephone Numbers, and					***sun	nmons & complair		Fold	
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Service Fee   Total Mileage Charges   Forwarding Fee   Total Charges   Advance Deposits   Amount owed to U.S. Marshal* or   Service Fee   Total Mileage Charges   Forwarding Fee   Total Charges   Advance Deposits   Amount owed to U.S. Marshal* or   Service   Total Mileage Charges   Forwarding Fee   Total Charges   Advance Deposits   Amount owed to U.S. Marshal* or   Service   Amount owed to U.S. Marshal* or   Service   Total Mileage Charges   Forwarding Fee   Total Charges   Advance Deposits   Amount owed to U.S. Marshal* or   Service   Total Charges   Advance Deposits   Amount owed to U.S. Marshal* or   Service   Total Charges   Advance Deposits   Amount owed to U.S. Marshal* or   Service   Total Charges   Service   Total Charges   Advance Deposits   Amount owed to U.S. Marshal* or   Service   Ser	I acknowledge receipt for the		Process District of	District to	<del></del>					
on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted be  I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)  Name and title of individual served (if not shown above)  A person of suitable age and discretic then residing in defendant's usual place of abode  Address (complete only different than shown above)  Date  Time  Signature of U.S. Marshal or Deputy  Service Fee  Total Mileage Charges  Forwarding Fee  Total Charges  Advance Deposits  Amount owed to U.S. Marshal* or	(Sign only for USM 285 if mo		No	No						
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- PRINT 5 COPIES: 1. CLERK OF THE COURT
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  - 3. NOTICE OF SERVICE
  - 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

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#### U.S. Department of Justice United States Marshals Service

## PROCESS RECEIPT AND RETURN

Page 3 of 5

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Corazon S. Pascual						COURT CASE NUMBER C-08-2906-SBA			
DEFENDANT						TYPE OF PROCESS			
Michael J. Astrue, Commissioner of Social Security Administration						***see below			
(	NAME OF INDI	VIDUAL, COM	PANY, CORP	PORATION. ETC	. TO SERVE OR DE	SCRIPTIC	ON OF PROPERTY TO	) SEIZE	OR CONDEMN
	U.S. Attorney								
A	ADDRESS (Stree	•							
		-	·		Washington, DC	20530		·	
SEND NOTICE OF	F SERVICE COP	Y TO REQUES	TER AT NAM	IE AND ADDRE	SS BELOW		ber of process to be	4	
					•••••	serve	d with this Form 285	7	
Corazon S. Pascual						Number of parties to be			
	Box 471454 Francisco, CA	94147				served in this case		3	
	San Francisco, CA 94147					Check for service on U.S.A.			
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Signature of Attorn	ney other Organato	or requesting ser	vice on behalf	f of:	PI AINTIFF	TELEPHO	NE NUMBER	DATE	
Signature of Attorn	110		vice on behalf		PLAINTIFF DEFENDANT		7-3530	DATE 7/8/0	
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PRINT 5 COPIES:

- 1. CLERK OF THE COURT 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
- 5. ACKNOWLEDGMENT OF RECEIPT

◆ AO 440 (Rev. 03/08) Civil Summons

# UNITED STATES DISTRICT COURT

	for the
Northern Distri	ict of California
Corazon S. Pascual  Plaintiff  V.  Michael J. Astrue, Commissioner of Social Security  Defendant	) ) Civil Action No. C-08-2906-SBA ) )
Summons	in a Civil Action
To: (See attached) (Defendant's name)	_
A lawsuit has been filed against you.	
Within 60 days after service of this summons on the plaintiff an answer to the attached complaint or a manswer or motion must be served on the plaintiff's attorn	on you (not counting the day you received it), you must serve notion under Rule 12 of the Federal Rules of Civil Procedure. The ney, whose name and address are:
If you fail to do so, judgment by default will be entered a must file your answer or motion with the court.	against you for the relief demanded in the complaint. You also
•	Richard W. Wieking  Name of clerk of court
	Name of Cierk of Court
Date: 07/08/2008	CLARA PIFRCE
	Deputy clerk's signature

# C-08-2906-SBA Pascual -v- Astrue

Michael J. Astrue Commissioner of Social Security Administration 6401 Security Blvd., #611 Baltimore, MD 21235-0001

U.S. Attorney's Office 450 Golden Gate Avenue P.O. Box 36055 San Francisco, CA 94102

U.S. Attorney General U.S. Dept. Of Justice 950 Pennsylvania Ave., NW Washington, DC 20530